

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U-11301	2. Fiscal Year Covered From: 1/1/2004 Through: 12/31/2004
3. Name and address of person filing. Name JOHN T SHANNON P.O. Box, Bldg., Room No., if any Street 3979 Co. Rt. 57 City OSWEGO State NEW YORK ZIP Code + 4 13126	4. Name, file number, and address of labor organization. Name LUNA LOCAL #633 Labor Organization File Number 542966 P.O. Box, Building and Room Number, if any Street 7051 FLY RD. City SYRACUSE State NEW YORK ZIP Code + 4 13057-9659
5. Position in labor organization. VICE - PRESIDENT	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name BRAD GOLDMAN OPPENHEIMER CAPITAL Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. AUGUST 10, 2004 DINNER 7.b. Amount \$30.00

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>John T. Shannon</u>	On <u>8/11/05</u> <u>315-343-3392</u> Date Telephone Number

Name of Person Filing <u>JOHN T. SHANNON</u>	File Number U-
--	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <u>ONONDAGA COUNTY LABORERS' FUND</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street <u>7051 FLY RD</u> City <u>SYRACUSE</u> State <u>NEW YORK</u> ZIP Code + 4 <u>13057-9659</u>	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. <u>PROVIDES HEALTH, SAFETY & PENSION BENEFITS TO LIUNA LOCAL 1633 MEMBERS</u> <hr/> 11.b. Approximate dollar value of such dealing. <hr/> 12.a. Nature of interest held or income received. <u>AUGUST 10-11 BOARD OF TRUSTEES Mtg. LODGING & MEALS - RIVEREDGE HOTEL</u> <u>DECEMBER 16 LUNCHEON FOR FUND OFFICE STAFF & BOARD OF TRUSTEES</u> <hr/> 12.b. Amount. <u>\$223.26</u>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

2004 EXPENSES

Name:	Date of Payment	Amount of Payment	Explanation of Expenditure
John Shannon			
Vice President	9/1/2004	\$190.98	Board of Trustees Meeting Lodging & Meals - Riveredge Hotel August 10-11, 2004
	12/16/2004	\$32.28	Luncheon for Fund Office Staff and Board of Trustees
2004 Grand Total		\$223.26	January 1 through December 31, 2004